			Application or Docket Number									
LP.	PATENT A		10/024118									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		OR	OTHER SMALL	
TOTAL CLAIMS			18					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS) minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		1			X42=		OR	X84≈	84
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				j	+140=		OR	+280=	/
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL	-	OR	TOTAL	824
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							0	Z SMAL	L ENTITY	OR	OTHER SMALL	
MENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 14	Minus	44	8	5		X\$ 9=		OR	X\$18=	
AMEND	Independent	. '1)	Minus	*** /	4	-		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLIAIM			+140=		OR	+280=	
								YOTA		1	TÓTAL ADDIT. FEE	
1			ADDIT. FE	E		ADDII. FEE	· · · · · · · · · · · · · · · · · · ·					
		(Column 1) CLAIMS	HiG		mn 2) (Column 3 IEST		Ίг		ADDI-	1		ADDI-
N N		REMAINING AFTER AMENDMENT		PREV	ABER HOUSLY DFOR	PRESENT EXTRA		RATE			RATE	TIONAL FEE
AMENDMENT	Total	•	Minus	**]	X\$ 9=		OR	X\$18=	
	Independent	٠	Minus	***				X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		J	+140=		OR	+280=	
									AL	1	TOTAL	
								ADDIT. F	:E L	OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NU! PREV	MBER TOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N S	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***]	1	X42=	1	OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		L		1	1		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								+140=		OR	+280=	↓
* If the entry in column 1 is less than the entry in column 3. TOTAL *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
"	π the "Highest Nu The "Highest Nur	amber Previously Pa aber Previously Pa	eid For (Total o	r indepen	dent) is th	e highest numi	ber fo	und in the	appropriate bo	x in c	olumn 1.	

FORM PTO-875 (Rev. 8/01)

Person and Tondomer's Office U.S. DEPARTMENT OF COMME